Ministry of
Health

2012/13
Annual Service Plan Report

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Message from the Minister and Accountability Statement

As the new Minister of Health, it is my pleasure to present the *2012/13 Annual Service Plan Report* for the Ministry of Health. This report outlines the Ministry's progress in achieving its goals in the delivery of high quality, patient-centred care to British Columbians throughout the province.

Our government continues to invest in the health and well-being of B.C. families. Over the past year, the Ministry and its partners continued to implement the Innovation and Change Agenda. This strategic agenda is changing how we deliver health care in British Columbia. It recognizes the need for a multi-faceted approach to achieve system wide change – from improving personal health to the development and use of evidence-based guidelines in providing the best health outcomes for patients. Crucial to this plan is a focus on innovative solutions that will support system sustainability for generations to come.

Many chronic diseases can be prevented or delayed with healthy choices such as increased physical activity, healthy eating and living tobacco free. Through Healthy Families BC we are developing new partnerships with communities, schools and employers to create communities that support individuals in making healthier choices, helping to create positive health outcomes for themselves and their families. In May 2012, B.C. became the first province to partner with ParticipACTION, investing $6 million to continue to increase physical activity among B.C. families.

Supporting healthy choices is just one aspect of improving the overall health of British Columbians. The Ministry has continued to strengthen care in communities by focusing on connecting patients with family physicians and putting supports in place to improve health outcomes for the most vulnerable population groups: frail seniors, those with chronic diseases and people affected by mental health and substance use problems.

Over the past year, great progress has also been made on the actions set out in *Improving the Care of B.C. Seniors: An Action Plan*, our strategic approach to ensuring that seniors and their families successfully navigate the health system. The *Seniors Advocate Act* was introduced in March 2013 and will see the creation of the first Office of the Seniors Advocate in Canada. The advocate will serve as a voice for B.C. seniors and will promote positive systemic change that benefits seniors, their families and their caregivers.

B.C. has continued to strive for better outcomes for patients while ensuring the best possible value for money – for example, through system-wide implementation of clinical best practices aimed at the delivery of consistent, safe, high quality care. In addition, the use of Lean techniques has reduced wait times, increased efficiencies and redirected savings back into patient care. Through shared services, we are leveraging health authority buying power, consolidating

their supply chains and enabling them to work together to increase efficiency and improve outcomes. Our focus on innovation and efficiency has also led to the new BC Services Card, with the goal of enhanced information security, fraud protection and a foundation for future online access to services.

Billions of dollars have been invested in the construction of new and expanded health care facilities, generating thousands of construction jobs and improving the quality and access to care for all British Columbians. Capital projects in 2012/13 included the following:

- Site preparation is underway in preparation for new hospitals in Campbell River and the Comox Valley as part of the $600-million North Island Hospitals Project.
- Construction is underway on the new $62.2-million Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital.
- Approval for the first phase of the redevelopment of Royal Inland Hospital that will include a new clinical services building, medical teaching space and more onsite parking.
- The $512-million Surrey Memorial Hospital redevelopment and expansion project continues to move forward, with the new emergency department scheduled for completion this year.
- Opening of the $300-million Fort St. John Hospital and Peace Villa, providing 55 acute care beds and 123 residential care beds.
- Opening of the $94.6-million BC Cancer Agency Centre for the North in Prince George, as part of government's $106-million Northern Cancer Control Strategy to improve cancer care throughout the north.

The ministry will continue to work to ensure quality, appropriate, cost effective and timely health care services are available to all British Columbians. By embracing innovation and making health care delivery more efficient and more focused on meeting patient needs, we can create a sustainable health system that remains strong for our children and grandchildren.

The *Ministry of Health 2012/13 Annual Service Plan Report* compares actual results to the expected results identified in the *Ministry of Health 2012/13 – 2014/15 Service Plan*. I am accountable for those results as reported.

Honourable Terry Lake
Minister of Health

June 28, 2013

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Highlights of the Year

In 2012/13, the Ministry of Health (the Ministry) invested $15.9 billion to meet the health needs of British Columbians. This expenditure was made across a wide spectrum of programs and services aligned with the Ministry's goals to deliver high quality patient care and make the health sector sustainable over the long term. Following are some of the highlights for the Ministry in 2012/13.

Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.

Overall improvement in population health, wellness and the prevention of disease starts with actions focused on individuals, families and communities. The Ministry works to ensure British Columbians, from parents of newborns to seniors in the community, have the information and support they need to make healthy choices.

- Provided Age-friendly BC grants toward community programs designed to support active and healthy aging, including projects to increase accessibility to services, support transportation and social connections, and increase community garden and green spaces.
- Partnered with ParticipACTION to promote healthy living and physical activity, including the launch of Bring Back Play, a campaign targeted at helping families to be healthy and active together.
- Partnered with the Ministries of Agriculture and Education to expand the BC School Fruit and Vegetable Nutritional Program to an additional 150 schools, bringing the total to almost 1,500 schools providing 6.3 million servings of fruit and vegetables to students across the province.
- Expanded the Informed Dining Program to over 2,000 participating restaurant outlets in B.C., including 22 national and international chains. This program allows consumers to easily find nutritional information when eating out.

Student participating in the BC School Fruit and Vegetable Nutritional Program

- Banned commercial tanning bed use by people under the age of 18 to reduce the chances of developing skin cancer such as melanoma later in life.
- Announced funding to expand a successful HIV/AIDS pilot into a province wide program. The provincial Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) program will enable health professionals and community partners to reach and treat more people with HIV/AIDS in order to reduce the spread of the virus.

British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.

The Ministry continued to work to provide British Columbians access to patient-centred care and support at the community level, including integrated health care teams, networks of health care providers and access to family doctors.

- Announced the provincial GP for Me program to match British Columbians with family doctors. The program will begin on April 1, 2013, and includes features such as funding to enable family physicians to consult with patients by telephone and incentives for physicians to take more patients with complex conditions, such as cancer, onto their caseloads.
- Furthered collaboration in health service delivery through Divisions of Family Practice, community-based groups of family physicians working together to achieve common health care goals. B.C. now has 32 Divisions encompassing 127 communities.
- Provided funding for up to 135 new nurse practitioner positions throughout the province over three years, starting in 2012/13. These positions will increase access to primary health care for British Columbians, while supporting the integration of nurse practitioners into the health care system.
- Added 38 new locations to the Better at Home program, in partnership with the United Way of the Lower Mainland, to help seniors live in their own homes longer by providing simple services such as grocery shopping or snow removal.
- Launched a comprehensive and collaborative strategy designed to prevent, recognize and respond to elder abuse in B.C.
- Introduced a co-ordinated province-wide colorectal cancer screening program to assist in early detection of the disease and help save lives.
- Expanded the After-Hours Palliative Nursing Service, a provincial telephone service to complement the existing supports available during the day for those nearing the end of their life, and their families.

British Columbians have access to high quality hospital services when needed.

The Ministry continued to improve access for patients through strategic investments aimed at increasing efficiency and expanding acute care capacity across the province.

- Opened, expanded or redeveloped health care facilities in regions throughout the province, including the new Fort St. John Hospital and Peace Villa residential care facility, the new Centennial and Dr. Walter Anderson Buildings at Kelowna General Hospital, the expanded Emergency Wing at Nanaimo Regional General Hospital and the redeveloped Kootenay Lake Hospital.

- Increased access to high quality, innovative cancer care by opening the new InspireHealth location in Kelowna and the Kordyban Lodge in Prince George.
- Expanded the Clinical Care Management program to include guidelines for hospital care of the elderly and proper use of antimicrobials, continuing to ensure that proven, world class health practices are guiding care within B.C.'s hospitals.
- Issued protocols for the management of *C-difficile* to aid in reducing the rate of infection within acute care facilities.
- Compared to baseline volumes, hospitals participating in pay for performance funding completed 30 per cent more MRIs and treated 27 per cent more emergency department patients within targeted times.

Improved innovation, productivity and efficiency in the delivery of health services.

To ensure health services available today remain financially sustainable in future years, the Ministry worked to ensure financial, physical and human resources were used as efficiently as possible.

- Launched the new BC Services Card, providing greater protection to citizens' personal information and a foundation for access to potential future online provincial government services.
- Introduced a new drug pricing regulation, which reduced the price of generic drugs to 25 per cent of the brand name price on April 1, 2013, with a further reduction to 20 per cent on April 1, 2014, lowering the costs of health care for families and individuals.
- Recruited a record 268 physicians from across Canada and internationally to work in B.C., representing a 23 per cent increase over last year's recruitment numbers.
- Continued to improve efficiency through the use of Lean initiatives. For example:
    - Streamlined the computed tomography (CT) scan booking process at the BC Cancer Agency, increasing the number of scans by 12.2 per cent and saving $10,000 per year.
    - Improved processing time for decisions on Special Authority coverage of pharmaceuticals not normally covered by PharmaCare, reducing the average daily file backlog from 3,864 in January 2012 to 92 in January 2013.

Purpose of Ministry

The Ministry of Health has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. Working in conjunction with health authorities, health care providers, agencies and other organizations, the Ministry guides and enhances the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to health service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. This leadership role is accomplished through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through an accountability framework for health authorities.

The Ministry directly manages a number of provincial programs and services. These programs include the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. These include the specialized programs and services that are provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Provincial Renal Agency; BC Transplant; Cardiac Services BC; BC Emergency Health Services, which provides ambulance services across the province; BC Mental Health Addiction Services; and Perinatal Services BC. The Provincial Health Services Authority is also responsible for the BC Children's Hospital and Sunny Hill Health Centre for Children and the BC Women's Hospital and Health Centre.

The Ministry works in partnership with the First Nations Health Authority (FNHA) and Health Canada to improve the health status of First Nations in British Columbia and to build a better, more responsive and more integrated health system that will benefit all Aboriginal peoples and, in fact, all British Columbians. The FNHA is Canada's first provincial FNHA and its creation is a key achievement of the Tripartite First Nations Health Plan signed in 2007. The FNHA will provide services previously delivered by Health Canada's First Nations and Inuit Health Branch, Pacific Region, with a mandate to focus on improving wellness.

Strategic Context

The health system in B.C. is one of our most valuable social programs, providing a vital service that is accessed by practically every British Columbian at some point during their lives. However, our province's needs are shifting due to an aging population and rising rates of chronic disease, and the system is challenged by an increasing demand for services.

B.C.'s population is aging. Seniors make up 16 per cent of our total population, and this population is expected to double within the next 25 years.[1] As we age, we tend to need more health services like doctor and specialist visits, prescription medications, home health care and residential care services. As well, there is an increasing need to consider the impacts of frailty, dementia and other health issues on seniors and their families, and focus on providing appropriate care, enhancing quality of life and supporting healthy aging in the community.

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma and some cancers. People with chronic conditions represent approximately 38 per cent of the British Columbia population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[2] Chronic diseases can be prevented or delayed by addressing key risk factors including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other residents of British Columbia. Government is working with First Nations, Métis and other partners to improve Aboriginal people's health outcomes.

Spending on health has steadily increased from $9.7 billion in 2001/02[3] to $15.9 billion in 2012/13, and it is expected to keep growing. In fact, health spending is growing faster than the economy,[4] and continued growth at this rate could affect funding for other important government services.

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[1] P.E.O.P.L.E. 37, BC Stats, Ministry of Labour, Citizens' Services and Open Government, 2013
[2] Discharge Abstract Database (DAD), Medical Services Plan and PharmaCare data 2006/07
[3] British Columbia Public Accounts, 2001/2002
[4] *BC Government Budget and Fiscal Plan 2013/14-2015/16*

British Columbia's real GDP increased by 1.7 per cent in 2012 (according to preliminary GDP by industry data from Statistics Canada), following growth of 2.8 per cent in 2011. Annual gains in the domestic economy during 2012 were observed in employment, consumer spending and housing starts. B.C.'s exports fell during the year, however, as global demand weakened and prices fell for some key commodities. Several risks to British Columbia's economy remain, including further slowing of domestic economic activity, renewed weakness in the US economy, the ongoing European sovereign debt crisis threatening the stability of global financial markets, exchange rate volatility, and slower than anticipated economic growth in Asia dampening demand for B.C.'s exports.

In order to meet these challenges, the Ministry is working to better meet population needs and continue to deliver quality health service to British Columbians in a way that ensures fiscal sustainability.

Report on Performance

The following table provides an overview of progress in achieving the goals and objectives in the Ministry's *2012/13 – 2014/15 Service Plan* assessed through a comparison of actual results with targets. Detailed reporting of these results, including historical data and results analysis, can be found in the section following the summary table.

Performance Results Summary Table

Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians For greater detail see pages 13 to 15	**2012/13 Target**	**2012/13 Actual**
1.1 Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.		
Per cent of communities that have completed healthy living strategic plans.	25%	29% EXCEEDED
Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services For greater detail see pages 15 to 18	**2012/13 Target**	**2012/13 Actual**
2.1 Providing a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services.		88.6% SUBSTANTIVELY ACHIEVED
Per cent of general practitioner physicians providing chronic disease management.	90%	
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people).	235	241 NOT ACHIEVED
Per cent of people aged 75+ years receiving home health care and support.	16.5%	DATA NOT AVAILABLE
Goal 3: British Columbians have access to high quality hospital services when needed For greater detail see pages 19 to 20	**2012/13 Target**	**2012/13 Actual**
3.1 Acute care services are accessible, effective and efficient.		
Per cent of non- emergency surgeries completed within the benchmark wait time.	75%	68% NOT ACHIEVED
Goal 4: Improved innovation, productivity and efficiency in the delivery of health services For greater detail see pages 21 to 23	**2012/13 Target**	**2012/13 Actual**
4.1 Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.		
Per cent of physicians implementing electronic medical record systems.	65%	71% EXCEEDED

Goals, Objectives, Strategies and Performance Results

Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

British Columbians are, in general, among the healthiest people in the world. We want to support the excellent health status of the majority of British Columbians while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, physical inactivity, injuries, tobacco use and problematic substance use. We will help people make healthy lifestyle choices by providing more tools, choices and supports for people to invest in their health to prevent or delay the onset of illness and injury. We will also enhance prevention programs and collaborate with other sectors to promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across British Columbia.

Strategies

- Work with health authorities, family doctors, primary care providers, community partners and others to advance the health of women and children through comprehensive and effective programs and services.
- Support communities, including schools, workplaces and municipalities, to strengthen healthy living opportunities with a focus on healthy eating, physical activity, reduced salt and sugary drink consumption, tobacco reduction and responsible alcohol use in order to reduce childhood obesity and the prevalence of chronic disease.
- Support families and individuals to invest in their own health through programs and incentives that lead to healthy lifestyle choices.

- Provide supports for older people and frail seniors, including supports to prevent falls and injuries, and to promote independence.
- Improve health outcomes for Aboriginal people and communities and provide culturally safe health services to all Aboriginal people in British Columbia by supporting and guiding strategic directions outlined in the Tripartite First Nations Health Plan and respecting commitments in the Métis Nation Relationship Accord.
- Work with Tripartite partners to implement the British Columbia Tripartite Framework Agreement on First Nation Health Governance including supporting the development of the new First Nations Health Authority with strong linkages to the provincial health system.
- Protect the health of families and individuals, and support healthy communities through policies and programs such as food safety and drinking water quality practices.

Performance Measure 1: Healthy communities.

Performance Measure	2010/11 Baseline	2011/12 Actual	2012/13 Target	2012/13 Actual
Per cent of communities that have completed healthy living strategic plans.	N/A*	13%	25%	29% EXCEEDED

Data Source: Survey, ActNow BC Branch, Population and Public Health Division.

* Baseline year reflects introduction of provincial program.

Discussion of Results

Out of a total of 161 communities in B.C., 46 now have strategic plans in place to support the healthy lifestyles of all members of the community. This result exceeds the target of 25 per cent, or 40 communities.

The Ministry is working in partnership with health authorities and the BC Healthy Communities Society to provide support to communities to develop comprehensive healthy living plans, which outline the priorities and actions local governments and health authorities are taking to improve the health and wellness of their populations. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging

Health Indicators

B.C. leads the country in a number of health indicators including:

- ✓ *Highest life expectancy at birth*
- ✓ *Lowest mortality rate from heart attack, stroke and all cancers*
- ✓ *Lowest incidence rate for cancer*
- ✓ *Lowest smoking rate*
- ✓ *Lowest obesity rate*

Source: Statistics Canada

individuals where they live, work and play. Sustained community level actions are associated with a decrease in the number of British Columbians who will develop chronic diseases.

Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.

Objective 2.1: Provide a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services.

As British Columbia's population ages and the incidence of chronic disease increases, the demand for health services is increasing and changing. An integrated system of primary and community based health care will provide continuity of care as one's health needs change and will improve care for all patients, but particularly for those with more complex needs such as people with chronic diseases, mental illnesses and problematic substance use, women during pregnancy and childbirth and the frail senior population. Evidence suggests that primary and community based health care are best suited to provide care to these populations and can play a critical role in improving health and reducing the need for emergency department visits and hospitalizations. Increasing access to family doctors, and coordinating and linking family doctors to other community services such as home health care and community mental health care, will improve the quality and experience of care for patients and better support their families and caregivers.

Providing information to help manage your health

HealthLink BC helps British Columbians stay healthy with 24/7 access to resources. This year, we responded to:

- ✓ *484,800 calls to Navigation Services*
- ✓ *265,400 calls to Nursing Services*
- ✓ *23,500 calls to Pharmacist Services*
- ✓ *12,660 calls and 940 emails to Dietitian Services*
- ✓ *6,309,600 page views to the HealthLink BC website*

Strategies

- Promote health service redesign, the use of integrated health care teams, coordination between health care providers, improved access to family doctors and more responsive care in community settings for frail seniors, patients with chronic diseases and people with mental health and substance use conditions to improve health outcomes and reduce the need to access care through emergency departments and hospitals, and delay the need for residential care.

- Implement priority strategies for community based health service redesign, including care management practice and actions for people with dementia and those requiring end-of-life care.
- Promote the patient attachment initiative to provide every citizen of British Columbia the opportunity to have a family doctor as a first point of contact for care that is comprehensive, accessible, coordinated and continuous.
- Engage with patients, families, caregivers and community organizations to ensure voice, choice and representation in individual care planning and health service redesign.
- Implement *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use* by working with ministries, health authorities and other partners to ensure alignment with the plan's focus on prevention, early intervention, appropriate treatment and sustainability.
- Use a multidisciplinary approach to improve medication management to reduce adverse effects arising from the use of multiple medications by a patient.

Performance Measure 2: Chronic disease management.

Performance Measure	2010/11 Baseline	2011/12 Actual	2012/13 Target	2012/13 Actual
Per cent of general practitioner physicians providing chronic disease management.	89%	87.8%	90%	88.6% SUBSTANTIVELY ACHIEVED*

Data Source: Medical Services Plan, Management Information Branch, Planning and Innovation Division, Ministry of Health. Annual data includes the physicians billing the Family Practice Incentive Program[5] fee items claimed from MSP and paid for diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease and complex care management.

* The result reported is for the third quarter of 2012/13. The full-year data is expected to be available in the summer of 2013.

Discussion of Results

With third quarter results of nearly 89 per cent, it is anticipated that the target of 90 per cent will be met by the end of the fiscal year.

This measure focuses on the number of general practitioner physicians providing comprehensive chronic disease management for people with diabetes, congestive heart failure, hypertension and chronic obstructive pulmonary disease. Proactive management of chronic disease can improve

[5] The Family Practice (FP) Incentive Program supports and compensates general practitioner physician delivery of guideline based patient care in such areas as chronic disease management, maternity care, mental health, and care for the frail and elderly. For details about the program, please visit http://www.gpscbc.ca/family-practice-incentive/fp-incentive-program.

quality of life for people with chronic conditions and reduce complications, emergency department visits, hospitalizations, some surgeries and repeated diagnostic testing. Accordingly, the Ministry is working with general practitioner physicians to maintain and expand the number providing proactive chronic disease management to their patients. There is a concurrent focus on increasing the provision of comprehensive chronic disease management to more people in British Columbia who have an identified need for this type of support. Engaging a significant number of general practitioner physicians and providing associated practice supports are key steps toward improving care and associated health outcomes for patients with chronic disease.

This year's results suggest that the vast majority of general practitioner physicians are aware of the importance of managing chronic disease and their role in ensuring that their patients receive the necessary information, guidance and supervision to prevent further deterioration, improve overall health and maintain quality of life.

Performance Measure 3: Chronic disease hospital admissions.

Performance Measure	2010/11 Baseline	2011/12 Actual	2012/13 Target	2012/13 Actual
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people).	265	255	235	241* NOT ACHIEVED

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health; P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government.

* This result is an estimate of the annual rate, based on partial year data. Data for the entire year will be available in August 2013.

Discussion of Results

This measure tracks total admissions to hospital for people under the age of 75 with at least one of seven chronic diseases: asthma, angina, chronic obstructive pulmonary disease, diabetes, epilepsy, heart failure and pulmonary edema, and hypertension. While the target of 235 was not achieved, the result of 241 is still a significant improvement over the previous year's result of 255. In fact, B.C.'s rate of admissions for the seven chronic conditions is the lowest of all the provinces and territories in Canada.[6]

[6] Canadian Institute for Health Information, Health Indicators 2013

Ministry Response

Improvements continue to be made in helping individuals across B.C. manage these specific chronic diseases, and the overall provincial rate at which people with these conditions are admitted to hospital continues to decline. Although some hospital admissions for chronic diseases are inevitable, the Ministry is working with family doctors, home health care providers and other health care professionals to provide better care in the community and at home to help people with chronic disease remain as healthy as possible and avoid hospitalizations and other costly medical services. Continued improvements may be seen as a result of further strengthening of primary and community care.

Performance Measure 4: Home health care and support for seniors.

The performance measure for home health care and support for seniors was intended to track the per cent of seniors (aged 75+ years) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. The Ministry set targets and expected to report results over the last two years; however, a process to improve the system that captures data for this measure has been delayed, and provincial results have been unavailable. This performance measure will be removed from future service plans until we are able to report results.

Although the Ministry is unable to report performance on this measure at this time, activities continue to strengthen supports for seniors living at home. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support those who can no longer live independently. As part of a larger initiative of strengthening community-based health care and support services, the Ministry is focusing on providing high risk seniors coordinated care and services, including the use of new technology for monitoring health at home, that can significantly improve health outcomes. This support helps people manage chronic disease and frailty and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting.

Goal 3: British Columbians have access to high quality hospital services when needed.

Objective 3.1: Acute care services are accessible, effective and efficient.

While the majority of health needs can be met through primary and community based health care, the citizens of British Columbia also require timely access to safe and appropriate hospital services that support the needs of patients and their families.

Strategies

- Continue patient-focused funding to provide appropriate incentives to encourage increased access, efficiency as well as clinical and service excellence across the health system, including incentives to support care in communities.
- Expand the clinical care management system to improve the quality, safety and consistency of key clinical care services.
- Expand employment opportunities for local paramedics, in turn enhancing the level of support for the delivery of ambulance services in rural and remote communities.
- Improve access to diagnostic imaging services such as MRI and CT exams by working with health authorities to improve efficiency and appropriateness.
- Continue to provide excellent cancer treatment through the BC Cancer Agency, including opening a new full service cancer centre in Prince George in 2012.

Increase in Surgeries

From 2001/02 to 2011/12, the number of surgeries increased in the following areas:

- ✓ *Hip replacements increased by approximately 86 per cent.*
- ✓ *Knee replacements increased by approximately 145 per cent.*
- ✓ *Cataract surgeries increased by approximately 56 per cent.*

Source: Planning and Innovation Division, Ministry of Health, 2013

Performance Measure 5: Access to surgery.

Performance Measure	2011/12 Baseline	2012/13 Target	2012/13 Actual
Per cent of non-emergency surgeries completed within the benchmark wait time.	72.1%[1]	75%[2]	68% NOT ACHIEVED

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Planning and Innovation Division, Ministry of Health. Includes all surgeries other than C-sections that have a priority code for patients aged 17+ years.

[1]Baseline is for surgeries completed from April 1, 2011 to November 30, 2011.

[2]Target per cents are for surgeries completed in the fiscal year.

Discussion of Results

The target of 75 per cent was not achieved. This performance measure tracks whether or not non-emergency surgeries are completed within established benchmark wait times associated with set priority levels, according to the Patient Prioritization Initiative. This Initiative, a first in Canada, allows surgeons to monitor patient wait times in five priority levels. Patient prioritization is a new approach and not everyone who is already waiting for surgery has a prioritization code, which may have impacted the 2012/13 result. The Ministry is working to improve the timeliness of patient access to an expanding range of surgical procedures, through expanded surgical activity and funding initiatives combined with continuous effort to foster innovation and efficiency in British Columbia's hospitals.

Ministry Response

Increased efforts will be made to complete the surgeries of patients who have been waiting the longest so that more patients will have their surgeries completed within their recommended priority level time frame. The Ministry is working with health authorities to ensure steps are taken to improve surgical wait list management practices and to realize maximum hospital operating room efficiency.

Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients and the broader population. To be sustainable, we must ensure the health system has enough of, and the right mix of health professionals to provide the services that will meet British Columbians' needs now and in the future. We must also ensure health care providers are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- Support health service redesign and an affordable, sustainable health system by ensuring that British Columbia has the required supply of health care providers and that their skills are being used effectively.
- Strengthen and align performance assessment processes and systems for medical professionals, including licensure, credentialing, privileging, and monitoring, in order to improve public confidence in the quality of care provided in British Columbia.
- Transform the BC CareCard to include photo identification and computer chip technology as a first move to a new secure BC Services Card that will support cross-government services in the future.
- Expand the implementation and adoption of eHealth systems to enable patient health information to be securely stored and shared electronically by authorized users. This will enable the availability of timely clinical information such as laboratory test results and patient medication histories to support health care providers in decision making and improving patient care.
- Expand Telehealth to improve rural and Aboriginal communities' access to health services and specialists.
- Provide citizens with a more comprehensive understanding of the health system through public access to more health information and data as part of the provincial DataBC initiative.

Performance Measure 6: Electronic medical record system implementation.

Performance Measure	2009/10 Baseline	2010/11 Actual	2011/12 Actual	2012/13 Target	2012/13 Actual
Per cent of physicians implementing electronic medical record systems.	41%	49%	53.8%	65%	71% EXCEEDED

Data Source: Health Sector IM/IT Division, Ministry of Health. Measured through physician enrolment in a voluntary program to promote adoption of electronic medical record (EMR) systems. An estimated 5,000 physicians have a clinical requirement for an EMR system and would be eligible for this program.

Discussion of Results

The provincial target of 65 per cent was exceeded, with high physician participation in the electronic medical record (EMR) initiative. EMRs are replacing largely paper-based patient charts and will help improve the overall sustainability of British Columbia's health system. In busy physician offices where volumes of paper files from multiple sources must be managed on a daily basis, EMRs help with organization, accuracy and completeness of patient records. EMRs also make critical clinical information about patients more accessible to physicians and their health care staff in a timely manner. Provincial clinical guidelines for the management of chronic diseases and clinical supports such as alerts and recall notices based on these guidelines are embedded within EMRs, contributing to quality of care. When integrated with other eHealth systems, EMRs will also have access to laboratory and drug information, reducing unnecessary clinical tests and adverse drug interactions, both of which support patient safety and reduce health care costs. The Ministry remains committed to full implementation of EMRs across the province.

Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

We are committed to efficiently managing the health system to ensure resources are spent where they will have the best health outcome. We must continually drive improvement in innovation, productivity and efficiency to ensure that our publicly funded health system is affordable and effective for the citizens of British Columbia.

Strategies

- Drive process improvements such as Lean Design principles across the health system, which eliminates waste, improves services to patients and improves the quality, productivity and efficiency of health care processes.
- Implement a provincial evidence informed decision making process for the introduction of new health technologies and drugs to improve health outcomes and manage health care costs.
- Continue consolidation of corporate, clinical support and administrative functions to achieve savings, efficiencies and quality improvements across the Lower Mainland health authorities and expand this initiative provincially. In addition, maximize efficiencies through Health Shared Services BC development of a Canadian purchasing alliance for public sector procurement of medical supplies and equipment.
- Continue to develop structured performance monitoring tools and performance management practices, and improve the availability of quality data and analysis to assist clinical and management decision making and optimize health expenditures.
- Communicate the strategy for sustainable health care to the citizens of British Columbia by using an interactive media approach, including an online forum for more direct, open and meaningful dialogue about the health system.

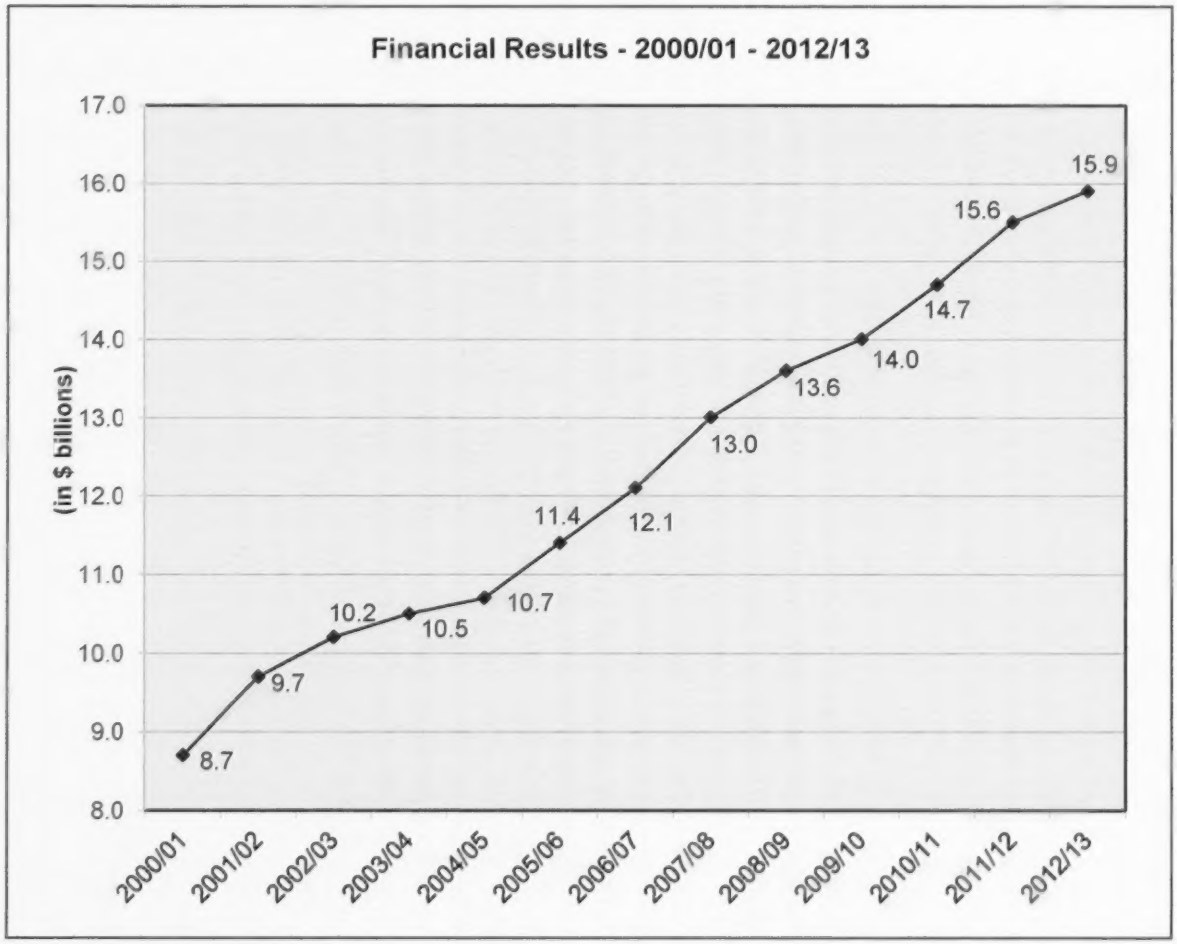
Taking a patients-first approach to improving quality, productivity and efficiency in health care

The provincial strategy of supporting the use of Lean across B.C. has resulted in:

- ✓ *Over 200 Lean events completed across B.C. since 2011*
- ✓ *Involvement of over 30 hospitals across B.C. in Lean events*
- ✓ *Improvements in the quality of services, patient experience, productivity and efficiency*

Report on Resources

The Ministry of Health 2012/13 budget including other authorizations was $16.178 billion. Actual operating expenditures for the fiscal year ending March 31, 2013 were $15.930 billion, resulting in an operating variance of $248 million or 1.5 per cent of the Ministry budget. Additionally, the Ministry reversed $64 million of prior years' accruals, resulting in a total surplus position of $312 million. However, the reversed amount was not available for spending.



Resource Summary Table

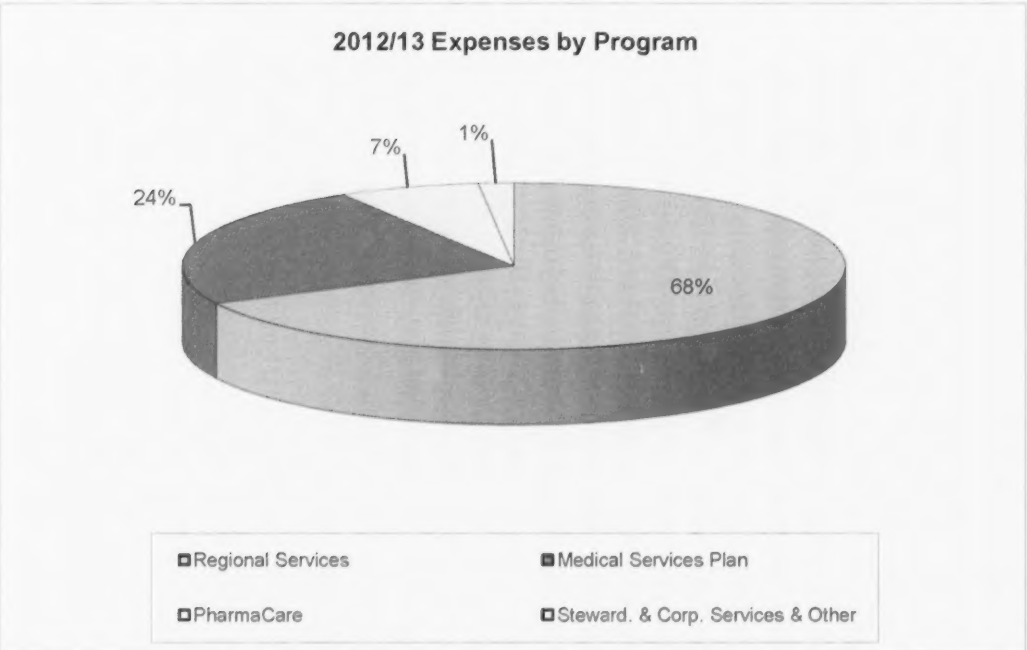
	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Health Programs					
Regional Services	10,858,769	(2,375)	10,856,394	10,776,358	(80,036)
Medical Services Plan	3,894,537		3,894,537	3,776,388	(118,149)
PharmaCare	1,185,330		1,185,330	1,100,876	(84,454)
Health Benefits Operations	35,123		35,123	41,895	6,772
HealthLink BC	34,741		34,741	32,692	(2,049)
Vital Statistics	6,863		6,863	5,836	(1,027)
Sub-Total	**16,015,363**	**(2,375)**	**16,012,988**	**15,734,045**	**(278,943)**
Executive and Support Services					
Minister's Office	865		865	849	(16)
Stewardship and Corporate Services	163,889	(263)	163,626	194,852	31,226
Sub-Total	**164,754**	**(263)**	**164,491**	**195,701**	**31,210**
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 29	**16,032,867**	**(2,638)**	**16,030,229**	**15,782,496**	**(247,733)**
Health Special Account	147,250		147,250	147,250	0
Sub-total – Operating Expenses	**16,180,117**	**(2,638)**	**16,177,479**	**15,929,746**	**(247,733)**
Reversal of Prior Year Over accruals[7]				(63,881)	(63,881)
Total – Ministry of Health [8]	**16,180,117**	**(2,638)**	**16,177,479**	**15,865,865**	**(311,614)**

Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Ministry Operations					
Stewardship and Corporate Services	16,614	0	16,614	14,738	(1,876)
Total – Ministry of Health	**16,614**	**0**	**16,614**	**14,738**	**(1,876)**
Consolidated Capital Plan ($000)					
Health Facilities[9]	437,838		437,838	337,465	(100,373)
Total – Ministry of Health	**437,838**	**0**	**437,838**	**337,465**	**(100,373)**

[7] Reversal of prior year over accruals is the total amount written off for prior years' accruals that is no longer valid. The credit was not available for spending.

[8] Other Authorizations refer to the government reorganization transfer of the Meat Inspection Program to the Ministry of Agriculture (OIC 13) in January 2013.

[9] Only the portion of health authority capital spending funded through restricted capital grants is included. This excludes capital funding through public private partnership debt as well as other funding sources (regional hospital districts, foundations, health authority own-source funding).



The significant operating variances were:

Regional Services: The overall surplus is primarily due to lower than anticipated expenditures related to Canadian Blood Service as well as small surpluses in other programs, and higher out-of-province non-resident recoveries.

Medical Services Plan: The surplus is primarily due to delayed implementation of initiatives and programs, as well as lower costs associated with the Physician Master Agreement.

PharmaCare: The surplus is primarily due to savings achieved through lower costs of generic drugs.

Stewardship and Corporate Services: The over-spend is primarily due to cost pressures for the BC Services Card and eHealth.

Income Statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities and ten hospital societies are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities	2012/13 Budget	2012/13 Actual	Variance
Combined Income Statement ($000)			
Total Revenue[10]	13,739,000	14,198,582	459,582
Total Expense[11]	13,740,000	14,171,799	431,799
Operating Results	(1,000)	26,783	27,783
Gain (Loss) on disposal of Capital Assets	1,000	(58)	(1,058)
Net Results	**0**	**26,725**	**26,725**

NOTES: This combined income statement is based on audited financial statements from six health authorities and ten hospital societies. Figures do not include the eliminating entries to consolidate these agencies with the government reporting entity.

[10] Revenues: Includes provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities) and fees and licenses.

[11] Expenses: Provides for a range of health care services, including acute care and tertiary services, residential care, mental health services, home care, home support, and public health programs.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet the growing population and its need for health services. The health sector invests in health facilities such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway or in planning include:

Surrey Memorial Hospital Critical Care Tower

The new building will include a new emergency department that is five times larger than the existing department. The new emergency area will include specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The multi-storey facility will include a perinatal centre incorporating 48 neonatal intensive care unit beds needed to treat premature infants and newborns in critical distress. The maternity department will also be expanded and 13 new obstetric beds will be added. The project will also include additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will also help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the UBC medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at $512 million. Construction on the new tower began in 2011. The new emergency department will be open to patients by fall 2013, with final construction of the tower to be completed in 2014.

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the website at
www.fraserhealth.ca/about_us/building_for_better_health/surrey_memorial_hospital.

Interior Heart and Surgical Centre, Kelowna

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 13,166 square metre (141,718 square foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be open for patients by mid-2015 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at $367 million. A portion of the project is cost shared with the Central Okanagan Regional Hospital District.

For more information on the Interior Heart and Surgical Centre, please see the website at www.buildingpatientcare.ca/interior-heart-and-surgical-centre-project.

Children's and Women's Hospital Redevelopment

The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase will include opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds will become part of the provincial network of NICU beds. First phase work at BC Children's Hospital and the Shaughnessy Building includes: site preparations for the new hospital; constructing additional academic space for the UBC; constructing a new clinical support building and a free-standing child day-care centre. Phase One is expected to cost $91 million. The second and third phases of the project will include the construction of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately $680 million.

For more information on the Children's and Women's Hospital Redevelopment project, please see the website at www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.

North Island Hospitals Project

The release of the Request for Proposals has been announced for the North Island Hospitals Project. Three qualified teams were selected from a group of eight that responded to the Request for Qualifications. VIHA expects to award the contract in early 2014. Construction will begin soon after, and the hospitals are expected to be completed in 2017. The North Island Hospitals Project includes a new 95-bed hospital in Campbell River and a new 153-bed hospital in the

Comox Valley. The estimated capital cost of up to $600 million for the project will be shared by the B.C. Government and the Comox Strathcona Regional Hospital District. The new Campbell River Hospital will be approximately 23,000 square metres and built on the existing hospital site. The new Comox Valley Hospital will be approximately 29,000 square metres and built near at the intersection of Lerwick and Ryan Roads in Courtenay, adjacent to the North Island College campus.

For more information about the North Island Hospitals Project, please see the website at http://www.viha.ca/about_viha/building_for_health/nihp.htm.

Lakes District Hospital and Health Centre (Burns Lake)

Ground has been broken for the new Lakes District Hospital and Health Centre in Burns Lake. The replacement hospital is scheduled to be completed and open for patients by the fall of 2015. The project is expected to generate approximately 200 direct jobs during the construction period. The new hospital will have 16 beds and the new centre will provide acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space also is planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care. The facility will be a two-storey building and approximately 6,100 square metres (65,000 square feet). The hospital will be a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Gold certification. The total capital cost of the project is estimated up to $55 million. The Project is cost shared with the Stuart-Nechako Regional Hospital District.

For more information about the Lakes District Hospital and Health Centre Project, please see the website at http://www.northernhealth.ca/AboutUs/CapitalProjects/LakesDistrictHospitalProject.aspx.

Queen Charlotte/Haida Gwaii Hospital (Village of Queen Charlotte)

The Province is moving ahead with plans for a new Queen Charlotte hospital, as a part of Budget 2012. The contract for the site preparation work for the Queen Charlotte/Haida Gwaii Hospital Replacement project has been awarded to Naikoon Contracting Limited with site preparation work under way as of April 1, 2013, and finishing in the summer of 2013. Site preparation work will include protection for the existing hospital and health centre, setting up site accesses for construction crews and preparing the site for the new facility. The temporary health clinic renovation project is proceeding as a separate component. As site preparation is in progress, the competitive selection process to select the successful design-build team for the hospital project continues. The request for proposals was issued to the three shortlisted teams in December 2012 and the selection of a preferred proponent and contract award is anticipated late spring 2013. Construction is scheduled to begin this summer and be completed in fall 2015. The total capital cost of the project is estimated up to $50 million. The project is cost shared with the Northwest Regional Hospital District.

For more information about the Queen Charlotte/Haida Gwaii Hospital Project, please see the website at
http://northernhealth.ca/AboutUs/CapitalProjects/QueenCharlotteHospitalProject.aspx.

HOpe Centre, Lions Gate Hospital, North Vancouver

Construction is underway at the $62.2 million Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital. The state-of-the-art treatment facility will help people struggling with mental health and substance use challenges. The HOpe Centre will provide integrated services for clients who require hospital care, outpatient services, or both. The facility is a designated facility under the provincial *Mental Health Act* and will include a 26-bed inpatient psychiatric unit and provide enough space to enable consolidation of multiple community-based mental health and substance use outpatient services into one central location. The new HOpe Centre will also contain space for the expansion of the UBC medical school and provide a permanent home for BC Ambulance on the North Shore. The project was first announced in September 2010. The B.C. Government, through Vancouver Coastal Health, has supported the HOpe Centre with a $38.2 million financial contribution. The Lions Gate Hospital Foundation has raised another $24 million for the project, with $10 million of this amount being generously donated by Greta and Robert Ho, after whom the new centre is named. Construction is expected to be complete in late 2013 and open for patients in early 2014.

Royal Inland Hospital, Clinical Services Building

Procurement for the Clinical Services Building at Royal Inland Hospital is underway as a part of the first phase of redevelopment at Royal Inland Hospital. The proposed scope of the first phase includes ambulatory clinics consisting of an outpatient lab, cardiopulmonary/neurodiagnostics; community respiratory therapy, intravenous therapy, pre-surgical screening and operating room booking, as well as teaching space for the UBC medical school program and educational space for continued health professional training. The project will also include onsite parking and improved vehicle and pedestrian access to the Royal Inland Hospital campus. The first phase of redevelopment is estimated to cost $79.8 million and will be cost shared with the Thompson Regional Hospital District and the Interior Health Authority. Construction on the new Clinical Services Building is expected to begin in spring 2014.

St. Paul's Hospital Redevelopment, Ambulatory Care Building and Redevelopment

The Ministry of Health and Providence Health Care are working to finalize the redevelopment concept plan, noting the detailed planning will need to account for the complexities of maintaining necessary care for patients on the current site when the project gets underway. It is expected the final concept plan and a more detailed business plan will be complete by 2014. The redevelopment timeframe will be determined through the business plan process. It is anticipated the redevelopment will include construction of a new outpatient care tower on the northwest

corner of the current St. Paul's Hospital site as well as essential site infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings.

Royal Columbian Hospital Redevelopment

The government of B.C. is proceeding with the business case for the first phase in the redevelopment of Royal Columbian Hospital. The first phase will include the replacement of the 50 year old Sherbrooke Centre with a new mental health building. Final scope, cost, and schedule will be determined as part of the business case planning, which is expected to be complete in 2013/14. Following approval of the business case, procurement for construction of the first phase of the project will commence.

For more information about the Royal Columbian Hospital Redevelopment, please see the website at
http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/.

Joseph and Rosalie Segal Family Centre, Vancouver General Hospital

The new Joseph and Rosalie Segal Family Health Centre will help mental health professionals provide better care to patients and their families in a modern environment when it opens in 2017. Total capital cost is estimated at $82 million, with the provincial government contributing $57 million. The centre will focus on a patient-centred therapeutic environment that meets high standards of modern psychiatric care and is also expected to improve health outcomes for British Columbians. The centre will include the following: eight floors, 11,100 square metres (approximately 119,500 square feet), excluding parking and mechanical penthouse; 100 private patient rooms, each with its own bathroom; natural light in most areas and the use of calming colours and textures to create healing environments; quiet places on each floor for reading and meditating; access to outdoor gardens and courtyards, as well as exercise facilities, televisions and the internet; improved patient and staff safety and security. The Joseph and Rosalie Segal Family Health Centre will provide short-term, acute care to those suffering from major depression, anxiety, schizophrenia, psychotic and mood disorders, and drug and alcohol addiction.

Kelowna and Vernon Hospitals Project

The Kelowna and Vernon Hospitals project consists of a patient care tower for an expanded emergency department and consolidated outpatient services, and academic space for the UBC medical school's new Southern Medical Program at Kelowna General Hospital and a new patient care tower at Vernon Jubilee Hospital for a total cost of $429 million. The Vernon Jubilee Hospital expansion opened for patients on schedule in 2011 and the Kelowna General Hospital expansion opened in 2012.

The new patient care tower at Kelowna General Hospital includes a new building at the hospital to accommodate ambulatory/outpatient services in a single location, quadruple the size of the emergency department and include two shelled floors for future inpatient bed capacity. The project is expected to decrease congestion in the emergency department, increase surgical

capacity and improve patient flow throughout the hospital. In addition to the patient care tower, a new stand-alone facility was constructed to accommodate the Southern Medical Program and a new parkade. The project at Kelowna General Hospital is cost shared with the Central Okanagan Regional Hospital District.

The new patient care tower at Vernon Jubilee Hospital includes a new facility for emergency, ambulatory care, operating rooms and intensive care. The project is expected to decrease congestion in the emergency department and expand the capacity of current diagnostic and treatment programs. The building includes two shelled floors for future inpatient bed capacity which will be completed for occupancy by 2015. The project at Vernon Jubilee Hospital is cost shared with the North Okanagan-Columbia Shuswap Regional Hospital District.

Patient Care Tower, Penticton General Hospital

Government is proceeding with business case planning for a new patient care tower at Penticton Regional Hospital. Business case development is currently underway and is expected to be completed in 2013/14. Following approval of the business case, procurement for construction of a new patient care tower would commence. The scope, cost and schedule will be finalized as part of the business case. It is anticipated that the capital cost of the redevelopment project will be shared between the Province and the Okanagan Similkameen Regional Hospital District and the South Okanagan Similkameen Medical Foundation.

Annual Service Plan Report Appendices

Appendix A: Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)
1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
Toll free in B.C.: 1-800-465-4911
In Victoria: 250-952-1742

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia
V8W 9E3
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia
V8W 9P2
Toll free in B.C.: 1-800-663-7100
In Vancouver call: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)
By phone: 8-1-1
For deaf and hearing-impaired assistance (TTY) call 7-1-1.
Outside B.C.: 604-215-8110

Ministry of Health – SeniorsBC (www.seniorsbc.ca)

Ministry of Health – Healthy Families BC (http://www.healthyfamiliesbc.ca/)
Email: healthyfamiliesbc@gov.bc.ca

Ministry of Health - ThinkHealthBC (www.thinkhealthbc.ca)
Email: ThinkHealthBC@gov.bc.ca

Office of the Provincial Health Officer (www.health.gov.bc.ca/pho/)
1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
In Victoria: 250-952-1330
Fax: 250-952-1362

Patient Care Quality Review Board (www.patientcarequalityreviewboard.ca/index.html)
PO Box 9643 Stn Prov Govt
Victoria, British Columbia.
V8W 9P1
Fax: 250-952-2428
Email: contact@patientcarequalityreviewboard.ca
Toll Free: 1-866-952-2448

Vital Statistics Agency (www.vs.gov.bc.ca/index.html)
Mailing Address: PO BOX 9657 STN PROV GOVT
Victoria, British Columbia
V8W 9P3
In Victoria: 250-952-2681

Agency Offices:

Visit a Vital Statistics Agency Office during the public office hours of 8:30 a.m. to 4:30 p.m., Monday to Friday:

VICTORIA
818 Fort Street
Phone: 250-952-2681

VANCOUVER
605 Robson Street, Room 250

KELOWNA
1475 Ellis Street, Room 101

Appendix B: Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority - www.fraserhealth.ca

Interior Health Authority - www.interiorhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca